

Methods: Patients undergoing laparoscopic resection for IBD between January 2009 and December 2013 were included. Surgical procedures were sub-divided in six critical steps in order to define the procedure as: Supervised Trainee Performed (STP), when the trainer was present unscrubbed in theatre or assisting, or Trainer Performed (TNER), when the trainer performed 2 or more critical steps. Data was collected retrospectively. 30-day mortality and 30-day morbidity were the primary outcomes. Secondary outcomes included reoperations and rehospitalisation within 30 days of discharge, conversion rate and length of hospital stay.

Results: 151 patients were included. 77 (50.99%) STP and 74 (49.01%) TNER. No deaths occurred. Overall, 30-day morbidity was 27.15% with no differences between the groups (28.57% STP vs 25.67% TNER, $P = 0.68$). There were no significant differences between the two groups in terms of secondary outcome measures. Unsurprisingly, operating time was significantly longer in the STP group (166.6 ± 53.31 STP vs 130.4 ± 49.15 TNER, $P < 0.0001$).

Conclusion: Laparoscopic surgery for IBD performed by a surgical trainee in a supervised setting is safe compared to trainer performed procedures.

0075: AUDITING AUDITS: MEANINGFUL OR JUST MANDATORY?

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Aim: Audit is a mandatory part of medical training; we hypothesise that most surgical audits are rudimentary, conducted only to fulfil requirements that one audit is performed annually.

Methods: Data was collected using audits registered in the surgical directorate (including anaesthetics for comparison) of one NHS trust over the last 5 years. Information recording when the projects were both registered, completed presented and re-audit undertaken was analysed to determine whether audits at that trust influenced change in practice. Other criteria analysed, included whether the project was an audit or research, whether it was presented locally, at a higher level, or published.

Results: 173 audits were included; 98 registered by a general surgical specialty, and 75 by anaesthetics. 21 were re-audits. Of those completed, 75% of surgery and 96% of anaesthetic audits were presented at least at a local meeting ($p = 0.0053$). Interestingly 25% of the completed surgical audits were never presented.

Conclusion: Results of a significant proportion of completed audits were not fed back to the department; this suggests that completion of the audit is what is important rather than improving patient care. We suggest a more considered approach towards trainee audit, specifically looking for audits that change practice.

0082: CROSS SPECIALTY, SIMULATION BASED BASIC ENDOVASCULAR SKILLS TRAINING (SBT): AN EFFECTIVE MODEL FOR IMPROVING TRAINEES' CONFIDENCE AND INTEREST, AND ENHANCING PATIENT SAFETY

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Aim: To assess the appropriateness, suitability and effectiveness of early stage cross specialty SBT.

Methods: Basic Endovascular Skills (BES) is designed for specialty trainees (ST). Foundations in Endovascular Practice (FEP) is designed specifically for Foundation level trainees (FLT). The first courses of their kind in the UK. Training is focused on core principles of "safe arterial access, navigation and closure". All attending trainees completed baseline and post-course questionnaires scoring confidence in various elements of endovascular practice on a standard visual analogue scale (VAS). Several statements were rated on a 5-point Likert scale. Scores were analysed using Wilcoxon matched pairs signed ranks test.

Results: 145 trainees have completed BES ($n = 71$) or FEP ($n = 62$) (March 2012 – October 2013). 103 completed pre and post-course questionnaires. Trainees recorded greater confidence in safe arterial access ($p = 0.00$), safe arterial closure ($p = 0.00$) and all elements of safe navigation ($p = 0.00$). FLT strongly agreed they had "more confidence making a career choice into their chosen specialty" ($p = 0.00$). All agreed that training alongside

colleagues from other endovascular specialties was useful. Written testimony was overwhelmingly positive.

Conclusion: SBT offer a successful method of promoting recruitment into endovascular specialties, improving trainee's endovascular technique thus maximising patient safety.

0089: WEEKLY SOCIAL GATHERINGS TO IMPROVE CARDIOTHORACIC TRAINEE SATISFACTION AT GOLDEN JUBILEE NATIONAL HOSPITAL

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Aim: Cardiothoracic Surgery is a demanding specialty where its trainees are constantly striving to meet the training requirements be it research or surgical experience. Traditionally, trainees would embark on a weekly session at the pub to socialize. This however has become difficult with the EWTD, whereby trainees spend more time in hospitals to meet training requirements. The consequences of this can lead to fatigue, dissatisfaction and isolation. Since August 2014, a weekly social gathering at a restaurant/bar was started at the GJNH every Thursday, to allow trainees to get to know each other better. Since its commencement, there have been 9 outings with good attendances for each. Could this improve trainee satisfaction?

Methods: 12 Trainees who attended at least 2 sessions mentioned above were handed Visual Analogue Scales delineating 8 different aspects with guiding questions. The results were tabulated and the mean was calculated.

Results: Trainees felt team working and communication were greatly improved with social gatherings. They also reported less fatigue at work the next day alongside favourable scores in all other aspects.

Conclusion: Weekly social gatherings improve work dynamics and the relationship of trainees with each other, allowing a much improved working environment.

0111: EVALUATION OF AN EWTD-COMPLIANT CORE SURGICAL TRAINEE ROTA: THE RISE OF THE ABSENTEE SHO

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Aim: With the introduction of the European Working Time Directive, core surgical trainees have had shift work forced upon their rotas. This has led to reduced training opportunities, fragmented firms and impaired continuity of care.

Methods: Rota data was collected on core surgical trainees covering busy plastics and ENT firms at a Major Trauma and Tertiary Referral Centre. Evaluation of daytime presence of SHOs on their firms between Mondays and Fridays was conducted and reasons for absence explored. Impact on exposure to training opportunities was assessed.

Results: Weekday absence of core trainees ranged from 29 – 61% over a four month period. Of these absences, 58 – 67% were mandatory as per EWTD. Twenty-one percent of one firm's working days were totally unstaffed by SHOs. A combination of on-call lieu days, study leave, night shifts and annual leave contributed to these deficits.

Conclusion: Rising sub-specialisation within large surgical centres demands the continuity of care provided by experienced SHOs. This study has demonstrated that the EWTD constraints continue to force absence on keen trainees during crucial training hours. The resultant loss of training opportunities will be discussed.

0121: HIGHER SPECIALIST UROLOGY TRAINEES' OPINIONS ON PREPARATION FOR THE CONSULTANT ROLE

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Aim: Trainees are objectively assessed during their specialty training to become consultants. Our study looks at senior trainees' opinions on UK urology training in preparation to becoming a consultant.

Methods: A questionnaire was sent to UK senior urology trainees ST6 or above and new consultants. Parameters including demographics, qualifications, and questions related to the candidates' perceived readiness to carry out a range of activities as a consultant were recorded.

Results: 28 candidates completed the questionnaire. All trainees thought the FRCS exam covered topics useful for consultant practice. The majority felt comfortable dealing with emergencies, general urological procedures and research/audit (85%, 96%, 90% respectively). However, a number felt unprepared for educational and leadership/management roles (30%, 40%). Further 55% felt unprepared to achieve a good work/life balance. Overall, 93% felt training prepared them for consultancy.

Conclusion: The survey has highlighted that most trainees feel confident in dealing with clinical and academic urology. However, there is less confidence in dealing with educational, management/leadership roles and achieving a good work/life balance. With an increasing emphasis on consultants to adopt managerial roles and increasing pressures on personal time, it highlights the need for training to address these issues.

0126: ORTHOPAEDIC FOUNDATION JOBS IMPROVE ANATOMY KNOWLEDGE IN JUNIOR DOCTORS

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Aim: A poor understanding of basic anatomy amongst junior doctors often causes frustration to surgeons. We sought to determine if knowledge of basic anatomy improves during a four-month placement in trauma and orthopaedic surgery (T&O).

Methods: Junior doctors (FY1-GPST2) from four consecutive rotations took an anatomy picture test on their first and last weeks of placement. The test demonstrated 6 plain radiographs of upper and lower limbs with 50 basic structures marked for identification.

Results: A paired t-test was conducted to evaluate the results of junior doctors who took both tests ($n = 23$). There was a significant difference in scores at the start of the placement ($M = 64\%$, $SD = 11\%$, Range 45%–87%) and at the end of the placement ($M = 80\%$, $SD = 7\%$, Range 68%–98%); $p < 0.001$.

Conclusion: Knowledge of upper and lower limb anatomy is essential in T&O and many other specialties including general practice and emergency medicine. Our study demonstrated that initial basic anatomy knowledge amongst our junior doctors was suboptimal. This may raise concerns regarding their competency to act as the on-call doctor at the start of their placement. Reassuringly, our results suggest that anatomy knowledge improves amongst junior doctors following appropriate training and education.

0144: PEER-ASSISTED ANATOMY TEACHING TO PROMOTE SURGICAL EDUCATION AND INTEREST AMONG MEDICAL STUDENTS

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Aim: Formal undergraduate anatomy teaching has declined in recent years. We aimed to determine how a peer-assisted learning anatomy lecture series might improve anatomy knowledge among medical students and inspire them towards a career in surgery.

Methods: Eleven 2nd and 3rd year students delivered anatomy revision lectures to 1st year medical students who had completed their formal anatomy teaching. Afterwards, we distributed an 8-item questionnaire to assess the teaching's impact on their anatomical knowledge and on their interest in undertaking a surgical career.

Results: We analysed the data from 114 students. Two-thirds felt they had received insufficient formal anatomy teaching at medical school. Before the session, 37% were considering a career in surgery; 59% of all students felt that learning anatomy in this format increased their interest in a surgical career. All agreed or strongly agreed that peer-assisted learning was useful for anatomy revision. 99% agreed they were taught in a relaxed learning environment. 44% rated the overall quality of the lectures as 'very good'; 56% rated them as 'good'.

Conclusion: A peer-assisted learning anatomy lecture series is valuable as a revision aid and is effective in increasing medical student interest in a surgical career.

0148: THE EXTENT OF TEACHING EXPERIENCE AND SKILLS IN FOUNDATION YEAR 1 DOCTORS IN THE SEVERN DEANERY

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Aim: Foundation year one (FY1) doctors working in deaneries across the UK are required to provide teaching to medical students. We aimed to ascertain the extent to which this occurs in our deanery and how much formal training they have had.

Methods: An online survey was distributed electronically amongst all FY1 doctors in the Severn Deanery. The survey assessed how much teaching FY1s performed, whether they had received any formal training and whether formal training would be beneficial to them.

Results: Fifty-six FY1 doctors undertook our survey. 60% had never received any prior training. A majority (80%), of our cohort regularly taught undergraduate medical students. Ninety-six percent of respondents would have liked a training course prior to teaching. Ninety percent would like specific training on session planning, giving a lecture and teaching a skill. 78% felt they would be more likely to deliver teaching if they had the sufficient training first.

Conclusion: Our survey demonstrates that FY1s regularly provide undergraduate teaching with a majority never having received formal training. This highlights the need for FY1 doctors to receive training on formal teaching methodology which they feel would improve their confidence and delivery prior to conducting any teaching.

0199: HAS THE BACHELOR OF SURGERY LEFT MEDICAL SCHOOL?

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Aim: Undergraduate medical education in the UK has recently shifted away from traditional specialties, largely influenced by the GMC's Tomorrow's Doctors. Changes in the UK curricula, are not adequately preparing students for clinical practice. Approximately 80% of FY doctors undertake a job within a surgical specialties. This study sought to identify whether surgery is adequately taught within UK medical schools.

Methods: All 33 UK Medical schools and final year medical undergraduates were surveyed as to their curriculum content and perceived preparedness respectively using Likert items.

Results: A total of 303 final-year medical students responded from 29 medical schools, 89.1% agreed medical school prepared them for practise within medical specialties, contrasted with 68% for surgery. Only 48.5% said they would be confident managing the acute surgical patient. One third of students said they had received adequate surgical teaching whilst at medical school. Furthermore, not all medical schools provided training in clinical skills mandated by GMC regulations. Students also felt unprepared to perform basic skills such as suturing.

Conclusion: UK undergraduates do not receive adequate surgical training. Most medical schools appear not to place much emphasis on surgery. In order to maintain safe practice, medical schools must increase surgical teaching within undergraduate curricula.

0221: ATTITUDES TOWARDS A CAREER IN SURGERY AMONGST STUDENTS AND TRAINEES

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Aim: Understand the perceived work/life balance of a surgeon.

Methods: An anonymous questionnaire was distributed at a surgical conference. Data was then compiled and analysis completed using Excel 2011.

Results: 52 responses were collected from medical/dental students and trainee doctors.

93% of participants declared an interest in a surgical career.

7% perceived their work/life priorities matched those of a successful surgeon. Majority of participants declared they would prioritise family life whilst they perceived a successful surgeon must prioritize research, teaching and work colleagues.

Only 26% of participants have a career role model. ¼ of these participants believed their role model has a balanced work/life. Participants were asked if women have the same chance to succeed in surgery as men. 44% agreed with the statement and 30% were uncertain.

Conclusion: Participants perceived that successful surgeons sacrifice family life for teaching, research and work colleagues. This is the opposite of most participant's personal priorities. Most participants lacked a role